

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876) | | | | | | SERIAL NO. | FILING DATE | | |
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| | | | | | | APPLICANT(S) | | 09/701804 | |
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| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * | |
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